



DEPARTMENT OF CORRECTIONS
AGENCY OF HUMAN SERVICES
STATE OF VERMONT

NUMBER

POLICY

DIRECTIVE

PROCEDURE

361.01.06 PROTOCOL

SUBJECT

Individualized Treatment Planning

EFFECTIVE
DATE

8/20/97

REVIEWED AND
RE-ISSUED

SUPERSEDES

NEW

RECOMMENDED FOR APPROVAL BY:

SIGNATURE

AUTHORIZED BY:

SIGNATURE

I. AUTHORITY

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

II. PURPOSE STATEMENT

The purpose of this protocol is to establish a standard procedure for individualized treatment planning for inmates in the custody of the VDOC receiving mental health services. The value of the treatment plan lies in the fact that it requires the formulation of a specific set of goals which will then guide the mental health clinician in his or her contacts and interventions with the inmate.

III. APPLICABILITY/ACCESSIBILITY

All individuals and groups affected by the operations of the Vermont Department of Corrections may have a copy of this protocol.

IV. DEFINITIONS

Mental Health Professional: means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner or other qualified person determined by the Commissioner of Developmental and Mental Health Services.

Mental Health Treatment: is defined as the use of a variety of mental health therapies, biological as well as psychological, in order to alleviate symptoms of mental disorders which significantly interfere with the inmate's ability to function.

Mental Health Treatment Plan: specifies the particular course of therapy and the roles of medical and non-medical personnel in carrying out the current course of therapy. It is individualized and based on assessment of the individual patient's needs, and includes a statement of the short and long-term goals and the methods by which the goals will be pursued.

Serious Mental Illness: means a substantial disorder of thought, mood, perception, orientation or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

V. PROTOCOL

- A. It is the policy of the Vermont Department of Corrections (VDOC) that every inmate who is being seen on a regular basis for mental health services shall have a treatment plan which describes a specific set of goals for which treatment is recommended and the means by which the goals will be accomplished.
- B. Treatment Planning
 1. All inmates receiving mental health services shall receive services in accordance with an individualized written treatment plan to be completed within 30 days of the initial mental health evaluation or when subsequently indicated.
 - a. This plan should specify the nature of the inmate's problem areas and conditions, both those present and those to be influenced by the treatment plan.
 - b. The individualized treatment plan should relate these problem areas and conditions to the methods of intervention and treatment to be provided.
 2. A *Mental Health Treatment Plan* form must be completed for each inmate receiving such services and include the following:
 - a. a list of problems and problem areas;
 - b. a statement of the methods, procedures, techniques and activities to be provided towards the attainment of treatment goals;
 - c. a statement identifying the specific staff who will be involved in carrying out the aspects of the treatment plan;
 - d. the anticipated date of resolution for each specific problem or problem area.
 3. In addition to completing the mental health treatment plan, each problem identified must be documented on the *Problem List* located at the front of the medical chart. In this way, only the number of the problem need be referenced on the treatment plan form.
 4. Treatment planning is an ongoing assessment process carried out by the mental health treatment team in cooperation with the inmate and with all appropriate staff. The treatment plan is updated and revised as necessary to document changes in the inmate's condition or needs, and in the mental health services and interventions provided.

- a. Residential Treatment Programs
 - (1) The treatment plan shall be updated as the goals of treatment are reached or as they are changed.
 - (2) Treatment plans shall be reviewed each month for the first two consecutive months and then every three to four months thereafter.
 - (3) As new problems arise, these should be identified and the corresponding intervention(s) indicated. The status of ongoing problems must also be documented.
 - (4) The treatment plan and any updates are to be reviewed by the mental health treatment team.
 - b. Outpatient
 - (1) The treatment plan shall be updated as the goals of treatment are reached or as they are changed.
 - (2) Treatment plans shall be reviewed each month for the first two consecutive months and then no more than every six months thereafter.
 - (3) As new problems arise, these should be identified and the corresponding intervention(s) indicated. The status of ongoing problems must also be documented.
 - (4) the treatment plan and any updates are to be reviewed by the mental health treatment team.
5. In order for the treatment plan to be viable, it is desirable that the inmate be an active participant in its formulation.
 - a. The treatment plan is to be discussed with each inmate. The inmate's opinions about his or her condition and the proposed treatment plan will be elicited.
 - b. While the inmate's opinions should always be considered, the inmate shall be informed that his or her requests cannot always be accommodated.
 6. Criteria for discharge from mental health services need to be addressed and/or established from the beginning of the treatment plan in accordance with Protocol 361.01.12 (Mental Health Roster).

VI. REFERENCES

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

NCCHC Adult Standards 1992 P-50

NCCHC Adult Standards 1996 J-49

VII. DRAFT PARTICIPANTS

This directive was drafted by Thomas Powell, Ph.D., Clinical Director, 103 S. Main St., Waterbury, VT 05671. Also actively participating in development of this directive were Erin Turbitt, Sandy Dengler, Shirley Meier, R.N., M.Ed., and Chris Carr, Ph.D.

MENTAL HEALTH TREATMENT PLAN

Inmate Name: _____
Facility: _____

DOB: _____
Date of Plan: _____

Problem No. *	Procedures, Interventions and Resources	Anticipated Date of Resolution
# _____		____/____/____
# _____		____/____/____
# _____		____/____/____
# _____		____/____/____
_____		____/____/____
# _____		____/____/____
# _____		____/____/____
# _____		____/____/____

Plan discussed with inmate: ☐ YES ☐ NO

Prepared By: _____	Date: _____
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* See Problem List at front of medical chart.
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